

Exhibit 7

Exhibit 7

Case No.: 2021-CV-00057

Dept No.: I

This document does not contain personal information of any person

IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF DOUGLAS

LEVERTY & ASSOCIATES LAW CHTD.,

Plaintiff,

v.

Athena Medical Group Defined Contribution
Pension Plan and Trust Number Three; et al.

Defendants.

**OPPOSITION TO ATHENA MEDICAL GROUP, INC.'s MOTION TO SET ASIDE
DEFAULT AND VACATE DEFAULT JUDGMENT**

Plaintiff LEVERTY & ASSOCIATES LAW CHTD., by and through its undersigned counsel, and pursuant to NRCP 60(b), hereby opposes Athena Medical Group, Inc.'s Motion to Set Aside Default and Vacate Default Judgment. This Opposition is based on the following memorandum of points and authorities, the exhibits attached hereto, the papers and pleadings on file herein, and any other matters the Court wishes to consider.

I. INTROUDCTION

Before the Court is Athena Medical Group, Inc.'s motion to set aside a judgment by default entered by the Court upon the Court having reviewed the file, the pleadings therein, the argument of counsel and the evidence presented.

The facts presented with this opposition are clear. Defendant Athena Medical Group, Inc. was properly served in this matter. Pursuant to the sworn affidavit of an independent out of state process server, Athena Medical Group, Inc.'s President, who is also the listed resident agent, was served. The

facts also show Athena Medical Group, Inc.'s related attorney was served with the Complaint, and Athena well aware of the current lawsuit prior to the entry of any clerk's defaults in this matter. Athena Medical Group, Inc. has shown no mistake, excusable neglect or lack of knowledge of the procedural requirements so as to set aside a default judgment entered by the Court.

Athena Medical Group, Inc.'s motion is full of falsehoods and misrepresentations, and it finds itself in this position due to its own bad faith conduct in attempting to avoid service of process and delay the answering of Levery's fraudulent transfer Complaint. This Court has wide discretion in ruling upon this motion to set aside, and it should not condone the actions of Athena Medical Group, Inc.

II. LEGAL STANDARD

NRCP 60(b) provides "[o]n Motion and just terms, the court may relieve a party or its legal representative from a final judgment, order, or proceeding for the following reasons: (1) mistake, inadvertence, surprise, or excusable neglect; (2) newly discovered evidence....; (3) fraud...; (4) the judgement is void; (5) the judgment has been satisfied...; and (6) any other reason that justifies relief." The showing of mistake, inadvertence, surprise, or excusable neglect, singly, or in combination, must, of course, be made." *Hotel Last Frontier Corp. v. Frontier Properties*, 79 Nev. 150, 154, 380 P.2d 293 (1963) citing to *Blundin v. Blundin*, 38 Nev. 212, 147 P. 1083. Good cause means a "substantial reason; one that affords a legal excuse." *Colley v. State*, 105 Nev. 235, 236, 773 P.2d 1229, 1230 (1989). For Athena to show good cause it must "plead and prove specific facts that demonstrate good cause for [its] failure" to answer and defend itself. *State v. Eighth Judicial Dist. Court*, 121 Nev. 225, 232, 112 P.3d 1070, 1075 (2005).

The Court may look to a variety of factors in determining whether to set aside a default judgment under NRCP 60. "A factor of importance is the party's lack of knowledge as to procedural requirements," and "good faith is significant." See *Hotel Last Frontier Corp. v. Frontier Properties*, 79 Nev. 150, 154, 380 P.2d 293 (1963), *Banks v. Heater*, 95 Nev. 610, 612, 600 P.2d 245 (1979). "The

total absence of such showing [a meritorious defense] has defeated the movant's application to set aside the judgment." *Id* at 154, citing to *Kelso v. Kelso*, 78 Nev. 99, 369 P.2d 668; *Guardia v. Guardia*, 48 Nev. 230, 229 P. 386, *Lukey v. Thomas*, 75 Nev. 20, 333 P.2d 979.

The purpose of the rule is not to give a party some affirmative right which he has lost by his own conduct. *Killip v. Empire Mill Co.*, 2 Nev. 34, 1866 Nev. LEXIS 10 (1866). (Emphasis added). The salutary purpose of NRCP 60(b) is to redress any injustices that may have resulted because of excusable neglect or the wrongs of the opposing party. *Nevada Indus. Dev., Inc. v. Benedetti*, 103 Nev. 360, 741 P. 2d 802 (1987). "The requirements of the rule [NRCP 60(b)] are simple and direct. To condone the actions of a party who has sat on its rights only to make a last-minute rush to set aside judgment would be to turn NRCP 60(b) into a device for delay." *Union Petrochemical Corp. v. Scott*, 96 Nev. 337, 609 P.2d 323 (1980). (Emphasis added).

The district court has wide discretion in ruling on a motion to set aside a judgment under NRCP 60(b), and barring an abuse of discretion, its determination will not be disturbed. *Union Petrochemical Corp. v. Scott*, 96 Nev. 337, 609 P.2d 323 (1980); *See also Carlson v. Carlson*, 108 Nev. 358, 832 P.2d 380 (1992).

III. LEGAL ARGUMENT

Athena Medical Group, Inc.'s motion to set aside the default judgment is premised entirely upon the service of process effectuated in this matter. Athena's motion is full of falsehoods and misrepresentations, and relies entirely upon Athena's bold and daring argument that the out of state process server, with no skin in the game, has neglected his duty and made a false sworn statement to the Court. Athena Medical Group, Inc.'s arguments fail for numerous reasons.

Athena Medical Group, Inc.'s motion argues that there are two (2) *active* entities with the name Athena Medical Group, Inc. registered with the Nevada Secretary of State, and Leverty improperly served the wrong Athena Medical Group, Inc. This argument fails for several reasons. First, the fact

there are two (2) *active* affiliated entities with the exact same name must be addressed. (Exh. 1). The underlying Complaint regarding fraudulent transfers evidenced a scheme in which the Defendants held numerous affiliated entities in which the subject property was fraudulently transferred to hinder, delay and/or defraud known creditors. In similar fashion, there are two (2) *active* companies named Athena Medical Group, Inc. Both Athena Medical Group, Inc. entities are affiliates of each other.¹ Make no mistake, this was done in a bad faith effort to delay and hinder the effectuation of service of process, as the two *active* entities have different resident agents listed. As provided by Nevada law, good faith is significant factor in setting aside a default judgment, and the Court should not condone either Athena Medical Group, Inc.'s bad faith conduct.

Second, both Athena entities were properly served in this matter despite Athena Medical Group, Inc.'s nefarious conduct in an attempt to make effectuating service more difficult. NRCP 4.2(c) provides: "An entity or association that is formed under the laws of this state, is registered to do business in this state, or has appointed a registered agent in this state, may be served by delivering a copy of the summons and complaint to: (i) the registered agent of the entity or association; (ii) any officer or director of a corporation..." (Please also *see* NRCP 4.3(a)(3)). Here, Athena Medical Group, Inc. argues the correct Athena Medical Group, Inc. is Entity No. E0589312012-5. It just so happens that Athena Medical Group, Inc. (Entity No. E0589312012-5), was properly served in this matter.

Pursuant to NRCP 4.2(c)(2), Ms. Juliana Loza was served as an officer (President – See Exh. 5) of the Athena Medical Group, Inc. (Exh. 2). Pursuant to a sworn affidavit filed with the Court on April 14, 2021, service of process was completed by a California process server stating he personally served

¹ Both Athena Medical Group, Inc.'s in this matter are affiliated. Ms. Loza is the listed president and resident agent for one of the Athenas, while a prior attorney of Mr. Exley and Ms. Loza, Minden Lawyers LLC, is listed as the resident agent for the other Athena.

1 “JULIANA MAYER LOZA as CORPORATE OFFICER OF ATHENA MEDICAL GROUP, INC” at
2 9504 Highridge Pl. Beverley Hills, CA 90201 on March 31, 2021. (Exh. 2).

3 While Athena Medical Group, Inc. and Ms. Loza would like to argue that this never occurred,
4 the Court has been presented with a sworn affidavit of an independent out of state process server, who
5 has no interest in the outcome of this litigation, that service was effectuated at Ms. Loza’s residential
6 address. The Court need not consider either Levery or Athena’s argument as to this matter, as the Court
7 may rely entirely upon the sworn affidavit of service from an independent third party process server.
8 (Exh. 2). Athena’s motion attempts to argue that such service was not valid since it was effectuated at
9 an address not listed on the SilverFlume website. This argument fails, as NRCP 4.2 does not require
10 service at a specific address. Further, Athena Medical Group, Inc. previously served Patrick R. Levery,
11 Esq., officer of Levery & Associates Law Chtd., at his residential address and not at his address listed
12 with the Secretary of State.² (Exh. 6). While it is represented to the Court that 9504 Highridge Pl. is not
13 Ms. Loza’s “official address,” she has also represented to this very Court that her residential address is
14 9504 Highridge Pl.³ (Exh. 3).

15
16
17 The resident agent for Athena Medical Group Inc. (Entity No. E0589312012-5), was served and
18 provided notice as well. (Exh. 4, 5). As provided in Athena Medical Group, Inc’s Motion, the resident
19 agent for Entity No. E0589312012-5 is Juliana Loza with an address of 195 Hwy 50, Ste. 104, a UPS
20 store in Stateline, NV. (Motion at 3:14-16). Pursuant to a Declaration of Service of Summons and
21 Complaint, filed with the Court on April 14, 2021, a sworn affidavit of service was completed by a
22

23
24
25 ² Please see Ninth Judicial District Court of the State of Nevada in and for the County of Douglas,
Athena Medical Group, Inc., et al. v. Levery & Associates Law Chtd., et al., Case No. 2021-CV-0086.

26 ³ Ms. Loza’s residential address is 9504 Highridge Place, Beverley Hills, CA 90210. As provided in the
27 fraudulent transfer Complaint, Levery began commencing legal services for Ms. Loza and Mr. Exley on
28 or about April 2014. (Complaint at ¶ 30). Since 2014, Levery has always known Ms. Loza’s address as
being 9504 Highridge Pl, and our office always used that address as her listed residence for mailed
correspondence.

California process server stating he personally served "JULIANA MAYER LOZA" on March 31, 2021 at her residential address of 9504 Highridge Pl. Beverley Hills, CA 90210. (Exh. 4). While Defendant argues in its Motion the Affidavit of Service provides the process server left "copies with or in the presence of JULIANA LOZA" (Motion at 4:19-20), the attached Affidavit of Service for Ms. Loza filed with the Court says no such thing. (Exh. 4).

Defendant's motion also concedes that Athena Medical Group, Inc. (Entity No. E0656532019-5) was served on March 31, 2021. (i.e. – "Plaintiff served Athena Medical Group, Inc....at 990 Ironwood Dr. Ste. 300, Minden, NV 89423....," "The Entity Number of Athena which was served in support of this default judgment was E0656532019-5..." and "verified service." Motion at 3:18-19, 21-22, 4:1-2). (Emphases added). The 990 Ironwood address listed for service of process is that of Minden Lawyers LLC, a previous attorney of record before this Court for Mr. Exley and Ms. Loza, the president of Athena Medical Group, Inc., in the matter of Ray Warren Exley v. Lois M. O'Brien, Case No. 14-CV-0130.⁴

While Athena Medical Group, Inc.'s Motion inexplicably argues that it did not learn about the lawsuit until on or about May 27, 2021 (Motion at 4:3-4), the sworn affidavits of an independent out of state third party process server tell otherwise. Athena Medical Group, Inc. can not argue excusable neglect when its corporate officer (President) was served, both as an officer and as an individual, its resident agent was served, and its interrelated attorney who has represented Mr. Exley and Ms. Loza, the president of Athena Medical Group, Inc. Additionally, it is difficult for Athena Medical Group, Inc. to argue for the set aside of the default judgment based upon excusable neglect when numerous interrelated Defendants were all served in this matter and not a single party answered the Complaint.

⁴ Inexplicably, Athena Medical Group, Inc. makes the argument that the Athena Medical Group that is listed as being at 990 Ironwood address "does not exist" and that this is not Athena. Motion at 3:18-25. It is inequitable to allow a defendant to intentionally manufacture confusion, and then to obtain relief based upon the confusion it created.

1 Athena Medical Group, Inc.'s motion also argues against proper process based upon the
2 argument Plaintiff never sent the application or related documents to Athena's counsel once he
3 contacted Levery. This argument fails, as NRCP 55(b)(2) provides a default judgment application to
4 the Court need only be served upon a party who has appeared in the matter. Athena Medical Group,
5 Inc. never appeared in this matter until the current Motion. An appearance means "coming into court as
6 party to a suit, either in person or by attorney." *Ogawa v. Ogawa*, 125 Nev. 660, 672, 221 P.3d 699, 707
7 (2009)(quoting *Nisenzon v. Sadowski*, 689 A.2d 1037, 1048 (R.I. 1997)); see also Black's Law
8 Dictionary (11th ed. 2019) (defining "appearance" as "coming into court . . . as a lawyer on behalf of a
9 party") Athena Medical Group, Inc. similarly argues that NRCP 5(b) requires service upon the attorney.
10 However, NRCP 5(b) contemplates service upon a represented party after the party has already appeared
11 in the matter. NRCP 5(a) specifically provides service for papers subsequent to an initial appearance.
12 Rule 5(a)(2) specifically states that "No service is required on a party who is in default for failing to
13 appear."
14

15
16 Finally, Defendant presents argument that Athena Medical Group, Inc. was not properly served
17 since Ms. Ingrid Van Vuerings, Corporate Secretary, does not list 9504 Highridge as an official address.
18 This argument is moot. As provided above, it is clear that Athena Medical Group, Inc. was served in this
19 matter via service of process upon other parties. Despite the matter being moot due to other sufficient
20 service, it is worth noting the last known official address for the Athena benefit plans was "Athena
21 Medical Group, Inc. 9504 Highridge Place, Beverly Hills, CA 90210." (Exh. 7). Since Ms. VanVeurings
22 is allegedly a trustee of these plans, the last filed address with the Department of Labor for the plans is
23 9504 Highridge Place, and service was at the business address of the plans, then Ms. VanVeurings was
24 properly served.
25

26 ////

27 ////

V. CONCLUSION

The Athena entities have not shown any: (1) mistake, inadvertence, surprise, or excusable neglect; (2) newly discovered evidence; (3) fraud; (4) that the judgement is void; (5) that the judgment has been satisfied; or (6) any other reason that justifies relief." Since Rule 55(c) and Rule 60 mandate that the party seeking relief show, beyond a reasonable standard that one or more of these reasons exist to set aside the default, and the Athena entities have failed to show that any of these elements exist in this litigation. For the foregoing reasons, Leverty & Associates Law Chtd. respectfully requests this Court deny Athena Medical Group, Inc.'s motion in its entirety, as there is no excusable negligent for Athena Medical Group, Inc.'s failure to timely answer a known Complaint.

In addition, unless the Court is going to deny Athena Medical Group's motion to set aside the default, Leverty & Associates requests a hearing on this matter.

Dated this 28th day of July, 2021

LEVERTY & ASSOCIATES LAW CHTD.



William R. Ginn, Esq.

832 Willow St.

Reno, NV 89502

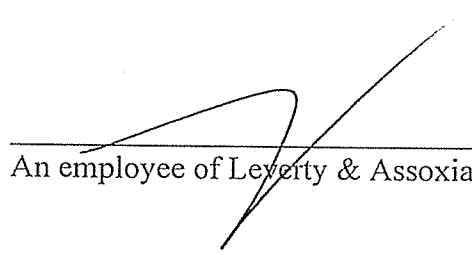
Attorneys for Defendant Leverty & Associates Law Chtd.

CERTIFICATE OF SERVICE

Pursuant to Rule 5(a)(2) and 5(b) of the Nevada Rules of Civil Procedure, I hereby certify under penalty of perjury that I am an employee of Leverty & Associates Law, Chtd., and that service of the foregoing was made via the Court's electronic filing system to:

Kirk N. Walker, Esq. NEVADA WALKER, PLLC 400 South 4 th Street, Ste. 500 Las Vegas, NV 89101 <i>Attorneys for Defendant Athena Medical Group, Inc.</i>	
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Dated this 23rd day of July, 2021


An employee of Leverty & Associates Law Chtd

INDEX OF EXHIBITS

<u>EXH. #</u>	<u>DESCRPTION</u>	<u>PAGES*</u>
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2	Declaration of Service of Summons and Complaint, with Sworn Affidavit of Service – Juliana Mayer Loza as Corporate Officer of Athena Medical Group, Inc.	2
3	Letters of Administration – Special Administrator Juliana Loza – Listed Address – 9504 Highridge Pl., Beverley Hills, CA 90210	2
4	Declaration of Service of Summons and Complaint, with Sworn Affidavit of Service – Juliana Mayer Loza	2
5	Nevada Secretary of State, SilverFlume – Nevada’s Business Portal – Business Entity Search Result – Athena Medical Group, Inc. – Resident Agent – Juliana Loza; President – Juliana Loza	5
6	Nevada Secretary of State, SilverFlume – Nevada’s Business Portal – Business Entity Search Result – Leverty & Associates Law, Chtd.	3
7	2014 Form 5500 – Annual Return/Report - Athena Medical Group, Inc. Defined Contribution Pension Plan – Plan Sponsor Athena Medical Group, Inc. – 9504 Highridge Pl, Beverley Hills, CA 90210	8

EXHIBIT 1

EXHIBIT 1

BUSINESS ENTITY AND MARK SEARCH RESULT

Name	Status	Filing Date	Type	NV Business ID	Entity Number	Mark Number	Actions
Athena Medical Group, Inc	Active	07/29/2019	Non-Filing Domestic Entities		E0656532019- 5		
ATHENA MEDICAL GROUP, INC.	Active	11/13/2012	Domestic Corporation (78)	NV20121687001	E0589312012- 5		Manage this Busi

Page 1 of 1, records 1 to 2 of 2

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[Return To Search](#)

EXHIBIT 2

EXHIBIT 2

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FILED

1 Case No.: 2021-CV-00057

APR 14 2021

2021 APR 14 PM 3:18

2 Dept No.: II

Douglas County
District Court Clerk

BOBBIE R. WILLIAMS
CLERK

3 This document does not contain personal information of any person

SP. WALKER DEPUTY

4
5 IN THE NINTH JUDICIAL DISTRICT COURT
6 OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF DOUGLAS

8 LEVERTY & ASSOCIATES LAW CHTD.,

9 Plaintiff,

10 vs.

11 Athena Medical Group Defined Contribution
12 Pension Plan and Trust Number Three; et al.

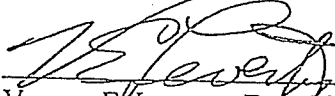
13
14 Defendants.

15
16 DECLARATION OF SERVICE OF
17 SUMMONS AND COMPLAINT

18 (Attached is the Declarations of Service for Julian Mayer Loza as a corporate officer of Athena
19 Medical Group, Inc. and as Trustee of the Athena Medical Group Defined Pension Plan and
20 Trust Number Three)

21 DATED this 13th day of April 2021.

22
23 LEVERTY & ASSOCIATES LAW CHTD.

24 
25 Vernon E. Leverty, Esq., NV Bar # 1266
26 Patrick R. Leverty, Esq., NV Bar #8840
27 William R. Ginn, Esq., NV Bar #6989
28 832 Willow Street
Reno, NV 89502
Attorneys for Plaintiff

Attorney or Party without Attorney: VERNON E. LEVERTY, Bar #1266 LEVERTY & ASSOCIATES LAW CHTD 832 WILLOW ST. RENO, NV 89502 Telephone No: 775-322-6636 FAX No: 775-322-3953		For Court Use Only	
Attorney for: Plaintiff		Ref. No. or File No.:	
Insert name of Court, and Judicial District and Branch Court: Douglas County Court-Ninth Judicial District Court Of Nevada			
Plaintiff: LEVERTY & ASSOCIATES LAW, CHTD			
Defendant: Juliana Mayer Loza As A Corporate Officer Of Athena Medical Group, Inc., And As Trus			
AFFIDAVIT OF SERVICE		Hearing Date:	Time:
		Dept/Div:	Case Number: 2021-CV-00057

1. At the time of service I was at least 18 years of age and not a party to this action.

2. I served copies of the SUMMONS AND COMPLAINT

3. a. Party served: JULIANA MAYER LOZA AS A CORPORATE OFFICER OF ATHENA MEDICAL GROUP, INC., AND AS TRUSTEE OF THE AKA ATHENA MEDICAL GROUP DEFINED PENSION PLAN AND TRUST NUMBER THREE

4. Address where the party was served: 9504 HIGH RIDGE PL.
Beverly Hills, CA 90210

5. I served the party:
a. by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive process for the party (1) on: Wed., Mar. 31, 2021 (2) at: 8:19AM

6. The "Notice to the Person Served" (on the Summons) was completed as follows:
a. as an individual defendant

7. Person Who Served Papers: Fee for Service: \$60.00
 a. CHRISTOPHER DEMIRDJIAN
 b. SKIP-N-SERVE
 P.O. BOX 6848
 San Pedro, CA 90734
 c. (310) 831-1160, FAX (310) 833-7240

8. I declare under penalty of perjury under the laws of the State of NEVADA and under the laws of the United States Of America that the foregoing is true and correct.

AFFIDAVIT OF SERVICE

(CHRISTOPHER DEMIRDJIAN)

15302 asslev.15154

EXHIBIT 3

EXHIBIT 3

1 CASE NO.: 20-PB-00129

2 DEPT. NO.: I

RECEIVED
NOV 12 2020
Douglas County
District Court Clerk

2020 NOV 12 PM 12:57

BOBBIE R. WILLIAMS

A. NEWTON DEPUTY

3
4
5 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

6 IN AND FOR THE COUNTY OF DOUGLAS

7
8
9 IN THE MATTER OF THE ESTATE OF, LETTERS OF ADMINISTRATION

10 RAY WARREN EXLEY,

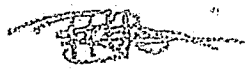
11 Deceased.
12 _____/

13 A PETITION TO APPOINT A SPECIAL ADMINISTRATOR having been
14 filed, JULIANA M. LOZA was, by Order of this Court on November
15 9, 2020, duly appointed as Special Administrator of the RAY
16 WARREN EXLEY, and who, having qualified as such, is hereby
17 authorized to act by virtue thereof.

18 In Testimony thereof, I have officially
19 signed these Letters and affixed hereto
20 the Seal of said Court this 12 day
of November, 2020

21 BY ORDER OF THE COURT
BOBBIE R. WILLIAMS, CLERK

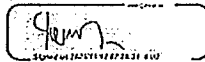
22
23 By:


DEPUTY CLERK

A. NEWTON

OATH OF OFFICE

I, JULIANA M. LOZA, whose mailing address is 9504 Highbridge Place, Beverly Hills, CA 90210, do verily affirm that I will well and faithfully perform the duties of Special Administrator according to law.

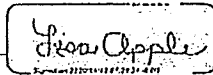


JULIANA M. LOZA

State of Nevada)
County of Douglas)

Subscribed and sworn to ^{November} 20^{12th} (or affirmed) before me on this day of _____, 20____, by JULIANA M. LOZA, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Seal) Signature



LISA APPLE
NOTARY PUBLIC
STATE OF NEVADA
Commission # 00-62875-5
My Appt. Expires September 08, 2021

EXHIBIT 4

EXHIBIT 4

RECEIVED

FILED

Case No.: 2021-CV-00057

APR 14 2021

2021 APR 14 PM 3:10

Dept No.: II

Douglas County
District Court Clerk

BOBBIE WILLIAMS
CLERK

This document does not contain personal information of any person

G. WALKER
DEPUTY

IN THE NINTH JUDICIAL DISTRICT COURT
OF THE STATE OF NEVADA
IN AND FOR THE COUNTY OF DOUGLAS

LEVERTY & ASSOCIATES LAW CHTD.,
Plaintiff,

vs.

Athena Medical Group Defined Contribution
Pension Plan and Trust Number Three; et al.

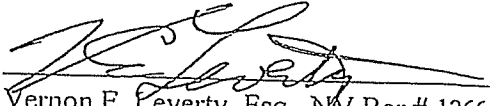
Defendants.

DECLARATION OF SERVICE OF
SUMMONS AND COMPLAINT

(Attached is the Declarations of Service for Juliana Mayer Loza)

DATED this 13th day of April 2021.

LEVERTY & ASSOCIATES LAW CHTD.


Vernon E. Leverty, Esq., NV Bar # 1266
Patrick R. Leverty, Esq., NV Bar #8840
William R. Ginn, Esq., NV Bar #6989
832 Willow Street
Reno, NV 89502
Attorneys for Plaintiff

 FILE COPY

Attorney or Party without Attorney: VERNON E. LEVERTY, Bar #1266 LEVERTY & ASSOCIATES LAW CHTD 832 WILLOW ST. RENO, NV 89502 Telephone No: 775-322-6636 FAX No: 775-322-3953				For Court Use Only	
Attorney for: Plaintiff			Ref. No. or File No.:		
Insert name of Court, and Judicial District and Branch Court: Douglas County Court-Ninth Judicial District Court Of Nevada					
Plaintiff: LEVERTY & ASSOCIATES LAW, CHTD Defendant: JULIANA MAYER LOZA					
AFFIDAVIT OF SERVICE		Hearing Date:	Time:	Dept/Div:	Case Number: 2021-CV-00057

1. At the time of service I was at least 18 years of age and not a party to this action.

2. I served copies of the SUMMONS AND COMPLAINT

3. a. Party served: JULIANA MAYER LOZA

4. Address where the party was served: 9504 HIGHBRIDGE PL.
Beverly Hills, CA 90210

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a. by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive process for the party (1) on: Wed., Mar. 31, 2021 (2) at: 8:19AM

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a. as an individual defendant

7. Person Who Served Papers: Fee for Service: \$60.00
 a. CHRISTOPHER DEMIRDJIAN
 b. SKIP-N-SERVE
 P.O. BOX 6848
 San Pedro, CA 90734
 c. (310) 831-1160, FAX (310) 833-7240

8. I declare under penalty of perjury under the laws of the State of NEVADA and under the laws of the United States Of America that the foregoing is true and correct.

AFFIDAVIT OF SERVICE

(CHRISTOPHER DEMIRDJIAN)

13304 assalev.15156

EXHIBIT 5

EXHIBIT 5

FILING HISTORY**ENTITY INFORMATION****Entity Name:**

ATHENA MEDICAL GROUP, INC.

Entity Number:

E0589312012-5

Entity Type:

Domestic Corporation (78)

Entity Status:

Active

Formation Date:

11/13/2012

NV Business ID:

NV20121687001


Termination Date:


Perpetual

Annual Report Due Date:

11/30/2021

FILING HISTORY DETAILS

File Date	Effective Date	Filing Number	Document Type	Amendment Type	Source	View
07/06/2021	07/06/2021	20211583452	Noncommercial Registered Agent-Statement...		Internal	

File Date	Effective Date	Filing Number	Document Type	Amendment Type	Source	View
11/10/2020	11/10/2020	20201032894	Annual List		External	
11/11/2019	11/11/2019	20190278974	Annual List		External	
11/25/2018	11/25/2018	20180504528-45	Annual List		External	
08/31/2017	08/31/2017	20170372249-37	Annual List		External	
11/10/2016	11/10/2016	20160494693-74	Annual List		External	
11/30/2015	11/30/2015	20150521156-48	Annual List		External	
10/31/2014	10/31/2014	20140742833-04	Annual List		External	
07/11/2014	07/11/2014	20140501009-22	Amended List		External	
11/29/2013	11/29/2013	20130781384-67	Annual List		External	

Page 1 of 1, records 1 to 10 of 10

FILING DATE SNAPSHOT AS OF: 07/06/2021

Business Details

Name Changes

Principal Office

Registered Agent

Officer Information

Shares

RA Type

Name

Attention Address1/Address2/City/State/Zip/Country Email

Non-Commercial
Registered AgentJULIANA
LOZA195 HIGHWAY 50 SUITE 104, STATELINE,
NV, 89449, USA[Back](#)[Return to Search](#)[Return to Results](#)

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

ATHENA MEDICAL GROUP, INC.

Entity Number:

E0589312012-5

Entity Type:

Domestic Corporation (78)

Entity Status:

Active

Formation Date:

11/13/2012

NV Business ID:

NV20121687001

Termination Date:

Perpetual

Annual Report Due Date:

11/30/2021

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

STATE AGENT AND TRANSFER SYNDICATE, INC.

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:**Office or Position:****Jurisdiction:**

NEVADA

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703 - 4934, USA

Mailing Address:**Individual with Authority to Act:**

John Block

Fictitious Website or Domain Name:**OFFICER INFORMATION**☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	JULIANA LOZA	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active
Secretary	INGRID VAN VUERINGS	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active
Treasurer	INGRID VAN VUERINGS	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active
Director	ABIU AILLAUD	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active
Director	CHARLES E EXLEY	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active

ENTITY INFORMATION

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Entity Name:

ATHENA MEDICAL GROUP, INC.

Entity Number:

E0589312012-5

Entity Type:

Domestic Corporation (78)

Entity Status:

Active

Formation Date:

11/13/2012

NV Business ID:

NV20121687001

Termination Date:

Perpetual

Annual Report Due Date:

11/30/2021

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

STATE AGENT AND TRANSFER SYNDICATE, INC.

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:**Office or Position:****Jurisdiction:**

NEVADA

Street Address:

112 NORTH CURRY STREET, Carson City, NV, 89703 - 4934, USA

Mailing Address:**Individual with Authority to Act:**

John Block

Fictitious Website or Domain Name:**OFFICER INFORMATION**☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	JULIANA LOZA	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active
Secretary	INGRID VAN VUERINGS	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active
Treasurer	INGRID VAN VUERINGS	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active
Director	ABIU AILLAUD	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active
Director	CHARLES E EXLEY	112 North Curry Street, Carson City, NV, 89703, USA	11/10/2020	Active

< Previous

...

1

2

...

Next >

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Go to Page

CURRENT SHARES

Class/Series	Type	Share Number	Value
	Authorized	25	25.0000000000000

Page 1 of 1, records 1 to 1 of 1

Number of No Par Value Shares:

0

Total Authorized Capital:

625

[Filing History](#)[Name History](#)[Mergers/Conversions](#)[Return to Search](#)[Return to Results](#)

EXHIBIT 6

EXHIBIT 6

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

LEVERTY & ASSOCIATES LAW CHTD.

Entity Number:

C10613-1988

Entity Type:

Domestic Professional Corporation (89)

Entity Status:

Active

Formation Date:

12/30/1988

NV Business ID:

NV19881036272

Termination Date:

Perpetual

Annual Report Due Date:

12/31/2021

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

LEVERTY & ASSOCIATES LAW CHTD.

Status:

Active

CRA Agent Entity Type:**Registered Agent Type:**

Commercial Registered Agent

NV Business ID:**Office or Position:****Jurisdiction:**

NEVADA

Street Address:

832 WILLOW ST, RENO, NV, 89502, USA

Mailing Address:**Individual with Authority to Act:**

PATRICK R LEVERTY

Fictitious Website or Domain Name:**OFFICER INFORMATION**☐ **VIEW HISTORICAL DATA**

Title	Name	Address	Last Updated	Status
President	PATRICK R LEVERTY	832 WILLOW STREET, RENO, NV, 89502, USA	10/01/2018	Active
Secretary	VERNON E LEVERTY	832 WILLOW ST, RENO, NV, 89502, USA	10/01/2018	Active
Treasurer	COURTNEY LEVERTY	832 WILLOW STREET, RENO, NV, 89502, USA	10/01/2018	Active
Director	VERNON E LEVERTY	832 WILLOW STREET, RENO, NV, 89502, USA	10/01/2018	Active

Page 1 of 1, records 1 to 4 of 4

CURRENT SHARES

Class/Series	Type	Share Number	Value
--------------	------	--------------	-------

No records to view.

Number of No Par Value Shares:

2500

Total Authorized Capital:

2,500

[Filing History](#)

[Name History](#)

[Mergers/Conversions](#)

[Return to Search](#)

[Return to Results](#)

EXHIBIT 7

EXHIBIT 7

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015	
A This return/report is for: <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ B This return/report is: <input checked="" type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. <input type="checkbox"/> D Check box if filing under: <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)	

Part II Basic Plan Information—enter all requested information											
1a Name of plan ATHENA MEDICAL GROUP, INC. DEFINED CONTRIBUTION PENSION PLAN 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ATHENA MEDICAL GROUP, INC. 9504 HIGHRIDGE PLACE BEVERLY HILLS, CA 90210	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="text-align: center; padding: 2px;">002</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 07/01/1978</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 95-3249308</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number (775)600-2220</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 621111</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 07/01/1978		2b Employer Identification Number (EIN) 95-3249308		2c Plan Sponsor's telephone number (775)600-2220		2d Business code (see instructions) 621111	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 07/01/1978											
2b Employer Identification Number (EIN) 95-3249308											
2c Plan Sponsor's telephone number (775)600-2220											
2d Business code (see instructions) 621111											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number		
5 Total number of participants at the beginning of the plan year		4b EIN		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		4c PN		
a(1) Total number of active participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 10%; text-align: center;">2</td> </tr> </table>	5	2
5	2			
a(2) Total number of active participants at the end of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6a(1)</td> <td style="width: 10%; text-align: center;">2</td> </tr> </table>	6a(1)	2
6a(1)	2			
b Retired or separated participants receiving benefits		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6a(2)</td> <td style="width: 10%; text-align: center;">3</td> </tr> </table>	6a(2)	3
6a(2)	3			
c Other retired or separated participants entitled to future benefits.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6b</td> <td style="width: 10%; text-align: center;">0</td> </tr> </table>	6b	0
6b	0			
d Subtotal. Add lines 6a(2), 6b, and 6c.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6c</td> <td style="width: 10%; text-align: center;">1</td> </tr> </table>	6c	1
6c	1			
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6d</td> <td style="width: 10%; text-align: center;">4</td> </tr> </table>	6d	4
6d	4			
f Total. Add lines 6d and 6e.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6e</td> <td style="width: 10%; text-align: center;">0</td> </tr> </table>	6e	0
6e	0			
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6f</td> <td style="width: 10%; text-align: center;">4</td> </tr> </table>	6f	4
6f	4			
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6g</td> <td style="width: 10%; text-align: center;">2</td> </tr> </table>	6g	2
6g	2			
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">6h</td> <td style="width: 10%; text-align: center;">0</td> </tr> </table>	6h	0
6h	0			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 3D		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 10%; text-align: center;"></td> </tr> </table>	7	
7				
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:				
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)		
(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor			
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)				
a Pension Schedules		b General Schedules		
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(1) <input type="checkbox"/> H (Financial Information) (2) <input checked="" type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)			

Form 5500 (2014)

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Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c. Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>		
A Name of plan ATHENA MEDICAL GROUP, INC. DEFINED CONTRIBUTION PENSION PLAN		B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 ATHENA MEDICAL GROUP, INC.		D Employer Identification Number (EIN) 95-3249308

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	10,107,402	10,496,798
b Total plan liabilities	1b		0
c Net plan assets (subtract line 1b from line 1a)	1c	10,107,402	10,496,798
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	7,720	
(2) Participants	2a(2)	0	
(3) Others (including rollovers)	2a(3)	0	
b Noncash contributions	2b	0	
c Other income	2c	414,574	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		422,294
e Benefits paid (including direct rollovers)	2e		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h		
i Other expenses	2i	32,898	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		32,898
k Net income (loss) (subtract line 2j from line 2d)	2k		389,396
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
a Partnership/joint venture interests	3a	X	
b Employer real property	3b	X	
c Real estate (other than employer real property)	3c	X	
d Employer securities	3d	X	
e Participant loans	3e	X	1,523,388

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

Schedule I (Form 5500) 2014
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Schedule I (Form 5500) 2014

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	Yes	No	Amount
3f Loans (other than to participants)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Tangible personal property	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Part II Compliance Questions

4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was the plan covered by a fidelity bond?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input type="checkbox"/>	<input type="checkbox"/>	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part III Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning <u>07/01/2014</u> and ending <u>06/30/2015</u>		
A - Name of plan ATHENA MEDICAL GROUP, INC. DEFINED CONTRIBUTION PENSION PLAN		B - Three-digit plan number (PN) <u>002</u>
C - Plan sponsor's name as shown on line 2a of Form 5500 ATHENA MEDICAL GROUP, INC.		D - Employer Identification Number (EIN) 95-3249308

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

- 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0
- 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): _____
 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.
- 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

- 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A
 If the plan is a defined benefit plan, go to line 8.
- 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____
 If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.
- 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)..... 6a 0
 b Enter the amount contributed by the employer to the plan for this plan year..... 6b
 c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... 6c 0
 If you completed line 6c, skip lines 8 and 9.
- 7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☒ No ☐ N/A
- 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A

Part III	Amendments
-----------------	-------------------

- 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

- 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No
- 11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No
 b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No
- 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No

Schedule R (Form 5500) 2014

Page 2 - **Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

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e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____